File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Dos Moines, Iowa 50319

Reset Form

3194423225

IA ETHICS AND DAMPAIGN DISCLOSURE BD

FOR INSTRUCTIONS, SEE BACK OF FORM

| Fax: 515-281-4073 | DISCLOSURE | SUMMARY PAGEO | JAN I I | AM 8: 46 | |
|--|---|--|---------------|---|---------------|
| COMMITTEE NAME (Must be | same us on Statement of Orga | | | | |
| | for State | | | FORM DR-2 | |
| TMPORTANT® Indicate by # type (1)Statewide/Legislative/Judge \$ (4)County Central Committee (5) | of committee you are reporting for: Standing for Retention Centildate (1.)County Candidate (6.)City Cand | 1 1 | C (| Rev. 07/2007) or Office Use On omm. # | 1724 |
| CANDIDATE COMMITTEES Candidate Name Office Sought | ONLY: | Political Party (if applicable) District (if Sanate or House) | _ s | omputer | |
| ate reports are subject to possil | Krano | Insulant to lowe Code sections 688.3 319-442-35 TELEPHONE | | | |
| | | | | | |
| AM FILING A | | REPORT FOR (1) ELECTIO | | ELECTION YE | AR. |
| and the same of th | o file reports until a DR-3 is filed | | which Elec | tion is held | |
| STATEM | ENT OF CASH ON HAN | D | | | |
| committee This one | ning of the reporting period. (To ourt MUST be the same as the eriod or must be zero if this is fi | | S | 316 | 25,68 |
| | TAKEN IN THIS PERIOD | | | <u> </u> | _ |
| Schedule A: Cash C | ontributions total (Attach Sched | lule A) (*also see in-kind below) | 1849988444444 | <u> </u> | ම්ව. ව 💭 |
| Schedule F: Loans F | Received total (Attach Schedule | F) | | | |
| Schedule H: Total Sa | ales of Cumpaign Property (Atta | ach Schedule H) | | | |
| (Schedule H | i applies to Candidates' Com | mittees Only) | | | |
| | | SUB-TOTAL. | \$ | <u> 5,5</u> | <u> 25,68</u> |
| SUBTRACT TOTAL | MONEY SPENT THIS PERIOD | | | • | |
| Schedule B: Expend | itures total (Attach Schedule B) | ("also see debts and loans below | /) | | |
| Schedule F: Loan Re | epayments total (Attach Schedu | le F) | ******** | | |
| ASH ON HAND at the end of | this reporting period (if final rep | oort balance must be zero) | | 7750 | 25, 68 |
| UNPAID BILLS (From Sched | lule D - Attach Schedule D)., | | \$ | | |
| IN KIND CONTRIBUTIONS (F | From Schedule E - Attach Sche | dule E) | \$ | | |
| OUTSTANDING LOANS (Fro | w Oshowska E. Attends Cohods | io E\ | \$ | 130 | මම මෙව |
| ONCULTANT DREAKBOWA | illi 2cuednie F - Yrracu 2cuedn | | | | |
| CHOOF I WHI BEENED CAM | I (Schedule G Attached?) | . I freedominion | | YES | NO |
| | (Schedule G Attached?) | · Januarian | | YES | NO |
| ANDIDATE COMMITTEES O | (Schedule G Attached?) | | 5 | YES | NO |
| ANDIDATE COMMITTEES C ALUE OF CAMPAIGN PROP | I (Schedule G Attached?) NLY: ERTY (From Schedule H - Atta | | | YES | NO |

| For Instructions, See Back of Form | Reset Form | SCHEDULE | |
|--|------------|--------------------------|------------------------------|
| CONTRIBUTIONS MONEY TAKEN IN (Including condidate's personal funds) | Reset Form | A (Rev. 07/03) | MONETARY RECEIPTS |
| COMMITTEE NAME (Must be same as on Statement of Organization) Kapucion for State Sonate | | - Control | CK THIS BOX IF NOING FORM |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE | PAC ID NUMBER | NAME AND ADDRESS OF CONTRIBUTOR RELATIONS | ALID AMOUNT | J IE FOR |
|------------|----------------------------|--|-------------|----------|
| RECEIVED | (if applicable) | TO CANDIDA | | FUND- |
| (MM/DD/YR) | AND PAC CHECK | (If applicable | 9) | RAISER |
| | NUMBER | | | INCOME |
| | ID# | Bouerly Yartes | | |
| 1-8-10 | CK# | 21767 Juniper Rd | \\ \ | <u> </u> |
| 1810 | | Underwood IA S 1576 | 250,00 | |
| | ID# | Richard Donner | | |
| | CK# | Frichard Dagner | | |
| -B-10 | ck#5622 | Ankery IA 50021 | ල්ල ලෙ | 1 |
| | 1D# | | | |
| | CK# | Gene Gour fey 1858 284te 57 | | |
| 1-8-10 | CK# 23 49 | Waldaler City TA 50595 | 100,00 | |
| | ID# | Ryan Deahr | | |
| _ | CK# | 1759 115te 51 | | |
| 1-8-10 | 1039 | Word Liborty JA SOTTE | 2500 | |
| | ID# | | | |
| • | | Susan Deah Tue |] | |
| 1-8-10 | CK# 1461 | LOOST Liberty 74 50776 | (OO DE) | |
| <u> </u> | ID# | Haid's Vittestoe | (00,00 | |
| | | 750t Quince Ave | | |
| (18-10 | CK# 2035) | Washington, TA 50353 | 7500 | |
| | ID# | | | |
| | | Char Brenneman | | |
| 1-8-00 | ck# 565 | 1551 Lorch Ave | 7500 | L |
| (O Per | ID# | 10 conjugton TA 52353 | .5.00 | |
| | | Nancy Eighel borger | | |
| | CK# | 308 wast Dapsi | 2500 | |
| 1-8-10 | CK# 6978 | coop and, IA 52654 | 3300 | |
| | 1 " 4 68 T | Grinnel Method Removement | | |
| | СК#, | 4215 Highway 146 | الجمم | L |
| 1-8-10 | CK# 1156 | Grinnal, 72 50112 | (DO:000) | |
| | ""6058 · | These chiropropie Society AIC BOE Grand Ace | | |
| | CK# 4598 | DOC GIVENEY TO | Zeo-ee | |
| 18-60 | 4548 | Des Moins IA 50300 | | |
| | | SUB-TOTAL | \$1,50.00 | |
| | | TOTAL (if last page of this sched | | • |
| | | I O I WE for load for this solden | \$ | |
| | | | | |

^{*} Disclosure law requires candidate committees to discloso the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ______of_____

| For Instructions, See Back of Form | Reset Form | SCHEDULE | |
|--|--|--------------------------------------|------------------------------|
| CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds) | | A (Rev. 07/03) | MONETARY RECEIPTS |
| COMMITTEE NAME (Must be same as on Statement of Organization) | | | CK THIS BOX IF NDING FORM |
| STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLINUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMB DISCLOSURE BOARD. | TICAL ACTION COMMITTEE), ERS IS AVAILABLE FROM TH | LIST THE PAC IDE IE IOWA ETHICS A | ENTIFICATION IND CAMPAIGN |
| NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE TRESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD, | HẠN \$750 TO YOUR CAM | PAIGN MAY HA' | VE FILING |
| CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports commercial purpose by any person other than statutory political committees. | s and statements for solic | iting contribution | ns or for any |

DATE RECEIVED PAC ID NUMBER NAME AND ADDRESS OF CONTRIBUTOR RELATIONSHIP AMOUNT √ IF FOR (if applicable) TO CANDIDATE" FUND-RECEIVED AND PAC CHECK NUMBER (MM/DD/YR) (if applicable) RAISER INCOME ID#9736 Towns for a Skilled coordigree 1-8-10 250 Des Mornos ID# CK# ID# CK#

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of of (for Schedule A)

SUB-TOTAL

TOTAL (if last page of this schedule)

File with:
lows Ethics and Campaign
Disclosure Board
510 E. 12th, \$ts. 1A
Des Moines, lows 50319

Reset Form

IA ETHICS AND CAMPAIGN DISCLOSURE BU

| Des Moines, lowa 50319 Fax: 515-281-4073 | 1 | NS, SEE BACK OF FORM SUMMARY PAGE | 2010 J | AN -7 AM | 111: 47 |
|---|--|--|---|--------------------------------|-------------------|
| COMMITTEE NAME (Must b | e same as on Statement of Org | | _ | | |
| 17 . | | - | 1 1 | FORM | |
| IMPORTANT: Indicate by # tune | of committee you are reporting for: | Penate. | 4 1 | DR-2 | DISCLOSURE |
| (1)Statewide/Legislative/Judge | Standing for Retention Candidate (| 2 State PAC (3)State Party | . ' | ev. 07/2007) | REPORT |
| Subdivision Candidate (8)Cour | 5)County Candidate (6)City Cand try PAC (9)City PAC (10)School | lidate (7)School Board or Other Politic Board or Other Political Subdivision PA | | r Office Use Of | 172L |
| 11) Local Ballot leave | | | | лл.# | 1 4 |
| CANDIDATE COMMITTEES Candidate Name | ONLY: | Political Party (if applicable) | | gged In MV N | |
| Tim Kap | | People | | anned | |
| Office Sought | | District (if Senate or House) | | idited | |
| Senate | | 30 | _ - | | |
| Marge | Keenea_ | Urauant to Iowa Code sections 688.3 | | A,401(3), the ca | <u> </u> |
| SIGNATURE OF PERSON FI | LING REPORT | IELEPHONE | | DATES | IQVED |
| AM FILING A | 19-10 | REPORT FOR (1) ELECTIC | N /(2)NON-I | LECTION YE | AR. |
| (r | report date) Soc | Indicate b | y# 🔲 | | |
| CHECK IF AMENDMENT | TO REPORT DATED | nended | Local Com | nittees, enter Da | te of Riection |
| | · · · · · · · · · · · · · · · · · · · | Japan | 20011 | 11110001 01110. = | |
| Check if this is final (termin (You must continue) | ation) report and attach Notice to file reports until a DR-3 is file | of Dissolution Form DR-3. d.) | County & L which Elect | ocal Committees ion is held | , enter County in |
| | | | | | |
| STATEN | MENT OF CASH ON HAN | Ď | | | |
| committee. This am | ining of the reporting period. (To count MUST be the same as the period or must be zero if this is t | otal of all funds held by the cash on hand at the end first report filed.) | \$ | 3, | 125.68 |
| | Y TAKEN IN THIS PERIOD | • | | | |
| Schedule A: Cash C | Contributions total (Attach Scher | dule A) (*also see in-kind below) | | 1,6 | Q9,00 |
| | • | F) | | | |
| | | ach Schedule H) | | | |
| | H applies to Candidates' Com | | | .1. | |
| | | SUB-TOTAL. | \$ | <u> </u> | 25,68 |
| SUBTRACT TOTAL | MONEY SPENT THIS PERIO | | | | |
| Schedule B: Expend | ditures total (Attach Schedule B |) ("also see debts and loans belov | v) | | |
| | | ule F) | | | - |
| | | port balance must be zero) | | 4.1 | 35.6 <u>8</u> |
| | | | | | |
| • | • | odule E) | | | |
| | | ule F) | | 13,6 | රටමඑව |
| CONSULTANT BREAKDOW | | | *************************************** | | NO |
| | N (Schedule G Attached?) | | | | . 140 |
| CANDIDATE COMMITTEES | • | | | <u> </u> | .110 |
| <u>CANDIDATE COMMITTEES</u> VALUE OF CAMPAIGN PRO | • | ach Schedulo H) | <u> </u> | , | |

| | ns, See Back of Fo DNS MONEY TAI | And the second s | SCHED A (Rev. 07 | MONETA | |
|-------------------------------------|---|--|--|-------------------------------|-------------------------------|
| (Indudin | ng candidate's personel fun | | | CHECK THIS BO AMENDING FOR | OX IF |
| TATE CANDIDATIONS SAUTION. SAUTION. | RD, SON, OTHER THAN AN ES AND SHOULD IMME ion 68B 32A(6), prohib | BUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION CO THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO Y IDIATELY CONTACT THE BOARD. | OUR CAMPAIGN M | AY HAVE FILING | |
| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (If applicable) | AMOUNT RECEIVED | √ IF I FUN RAIS INCC |
| ~9~P | ID# 6264 CK# 1029 | Town Automotive Reaches PA 55 Lesson 32 St Drobus we FA 52001 | ٤ | \$ 2000 | |
| 1-15-09 | 1D# 6067 | From Health PAC 6750 Westown Pray \$100 Locat Das Morras \$4 50261 | | ₹ © | |
| 9-1809 | CK#3207 | Susan Mayor 410 2nd Ave Keystone Ita 52249 | | 100.00 | |
| 148-09 | CK# 4427 | Steven Ackerson 1634 New 1815t St Clibe PA 80385 | | 10000 | |
| 0tz-09 | ID# 8028 CK# 2615 | monsanto Otizonship-Fundt 800 N. Lindbergh Blud Et Loines MO 63167 | | 400,00 | |
| | iD# CK# | | | | |
| | CK# | | | | |
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| | | | SUB-TOTAL | 1 | ــــــل |

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Page of (for Schedule A)

| PR INSTRUCTIONS, SEE | BACK OF FORM | ſ | RESET | SCHEDULE | |
|--|--|--|-------------------------------------|----------------------------|-------------------------------|
| | bc same as an Statement of Organization) | | | (Rev. 02/08) | LOANS RECEIVED & REPAID |
| OTE: This achedule repo | rts money loaned to the committee which is deposit | ed in the committee ac | | CHECK AMENDIN | THIS BOX |
| | ROM <u>LAST</u> REPORTING PERIOD \$ | <u>్ర</u> ి లగ | <u> </u> | | |
| ARTI - MONETARY LOA (Original source o | ANS RECEIVED <u>THIS</u> REPORTING PERIOD of loen, such as a bank, must be shown if a third pa | rty is involved. Include | icans from candi | idate's personal i | funds.) |
| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | | TIONSHIP TO | AMOUNT (| OF LOAN |
| 1927 12 12 12 12 12 12 12 12 12 12 12 12 12 | m Kapiacian 75 GHL St 24 Stona IIA SOSY | Self | 2 | 13,∞c | ·.@ |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | ··· <u>·</u> ···· | s 13.000 | |
| 'ART II - MONETARY L (Loans forgiver | OAN REPAYMENTS MADE <u>THIS</u> REPORTING P In must be reported on Schedule E - In-kind Contrib | TOTAL (P ERIOD utlons.) | nor y | | |
| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | | ATIONSHIP TO ATE* (If Applicable | AMOUNT | REPAID |
| | | | | , \$ | |
| | | | | | |
| | | | <u> </u> | | |
| | | | | | |
| | | | - (n + 67 (i) | | |
| | From Schedule E | CASH REPAYMENTS - TOTAL LOANS FOR | RGIVEN | \$ \$ \$ <u>13</u> & | 0.00 |
| making a contribution to consangulative (blood relative) | TOTAL OUTSTANDING LO candidate committees to disclose the relationship of the committee. Relationship must be shown to the atives) and affinity (relatives by marriage). If sumar- but there is no familial relationship, enter "not applied in it applies. | of any relative third degree of ne of contributor is | Page_ | 1 | |